
TennCare Transition in West and East Grand Regions

Frequently Asked Question for Providers

What changes are taking place?

TennCare has selected two health plans, AmeriChoice and BlueCare, to manage physical and behavioral health services for enrollees in the West and East grand divisions of the state.

What is the timeline?

October 1, 2008 (West Grand Region)	Notices go out to enrollees about their new health plan assignments.
December 1, 2008 (East Grand Region)	Following this mailing, the new health plans will send enrollees welcome letters, member handbooks, provider directories and membership ID cards.
November 1, 2008 (West Grand Region)	Enrollees begin receiving services from their new health plans.
January 1, 2009 (East Grand Region)	

What services will the new health plans cover?

Instead of each enrollee being assigned to an MCO for their physical health services and a BHO for their mental health services, the enrollee will be assigned to a single MCO that will manage their physical health, mental health and substance abuse services. Each of the two health plans will cover an identical array of services.

Will my patients have to choose between the two health plans?

No. TennCare will assign a health plan to each enrollee and will make every attempt to assign all members of the same family to the same health plan.

Those enrollees in the West Grand Region currently assigned to Unison will be assigned to AmeriChoice, and those with either TLC or UAHC will be randomly assigned to either AmeriChoice or BlueCare.

Enrollees in the East Grand Region, currently enrolled with PHP will be assigned to AmeriChoice. Enrollees in the East Grand Region currently assigned to AmeriChoice or BlueCare will continue to be assigned to their current plan.

In addition, some enrollees with TennCare Select, in both the East and West Grand Regions, will be assigned to BlueCare.

Will TennCare Select continue to operate as a TennCare MCO?

During and after the transition, TennCare Select (which is operated by BlueCross BlueShield of Tennessee) will continue to serve a small population of individuals including children in state custody and children receiving SSI. Some enrollees currently in TennCare Select who do not fall in the one of these population groups will be reassigned to BlueCare during this transition.

What if my patient wants to change health plans?

TennCare will send information about the new health plans to enrollees in the West Grand Region during October 2008 and the East Grand Region beginning in December 2008. Communication from TennCare will notify enrollees of their health plan assignment and how they can switch health plans if they wish to do so. Following this communication, the new health plans will send their members a welcome letter, member handbook, provider directory and a membership ID card.

Each enrollee will have up to 45 days from the effective date of their assignment during which they may change health plans. TennCare enrollees will be able to change health plans in the West Grand Region until December 16, 2008 and the East Grand Region until February 15, 2009. TennCare will honor the request to switch health plans if there is room in the other health plan. To change health plans, enrollees can call 1-800-852-2683.

How will claims be paid by the old/exiting health plans?

The exiting health plans will stop providing services to enrollees on October 31, 2008 in the West Grand Region and on December 31, 2008 in the East Grand Region. However, their contracts with TennCare obligate each plan to continue through June 2009 in order to assure sufficient time for processing provider claims for services rendered prior to October 31 (West) and December 31 (East).

If you have questions concerning the claims payment process during this time period, you should contact the exiting health plan(s) with which you contract.

What will happen with my patients' prior authorizations?

To ensure continuity of **ongoing** treatment and services, the current health plans will transfer information concerning prior authorized services to the enrollee's new health plan. Patients can call their new health plan if they have questions, or need help. For care that has not started yet, you will need to contact the patient's new health plan to obtain any necessary authorizations for service. The new health plans will be responsible for making all new prior authorizations after November 1st (West Grand Region) and January 1st (East Grand Region).

Will the transition disrupt my patients' existing course of treatment?

No. The State's new contract with the health plans has provisions to assure a smooth transition, particularly for TennCare enrollees currently receiving a course of treatment. For example, a pregnant woman in her second or third trimester will be able to keep her current healthcare provider through her delivery and postpartum care – even if the provider does not participate in her new health plan.

The new MCOs will be responsible for coordinating care for all enrollees, with a particular focus on those undergoing active treatment for chronic or acute medical or behavioral health conditions. Continuation of services for up to 90 days or until the member may be reasonably transferred to an in-network provider without disruption is required.

What will happen with my patients' prescription refills?

These changes will not have any impact on the TennCare pharmacy benefit. Enrollees in the West and East Grand Regions will be able to access pharmacy services in the same way that they do today during the transition and afterward.

Will the long term care services be impacted?

No. The provision of the Long Term Care Community Choices Act that will integrate long term care services into TennCare's managed care program is not scheduled to begin taking place until July of 2009. Changing health plans will not affect existing nursing home or home and community based services currently being provided to an enrollee.

What does all this mean for doctors, hospitals, and other healthcare providers?

To serve enrollees in the West Grand Region on November 1, 2008 and East Grand Regions on January 1, 2009, healthcare providers must be a part of the network(s) for AmeriChoice and/or BlueCare. If a provider does not contract with AmeriChoice or BlueCare, the health plans are not required to utilize non-contracted providers to provide routine services for the West Grand Region and East Grand Region enrollees.

Providers should contact the new health plans as soon as possible to ensure that healthcare providers in the West and the East Grand Regions can provide services and continue to get paid on and after November 1, 2008 (West Grand Region) and January 1, 2009 (East Grand Region).

AmeriChoice (UnitedHealth Plan of River Valley, Inc.) 1 (800) 690-1606
BlueCare (Volunteer State Health Plan, Inc.) 1 (800) 468-9736

What if I feel that the rates of the new health plans are not high enough?

The TennCare Bureau does not establish rates, nor does it get involved in rate negotiations between the health plans and private providers. Rather, the Bureau's role is limited to ensuring that the health plans have an adequate number of providers within their respective networks. Accordingly, the Bureau refers all questions regarding provider rates directly to the health plans.

What if the new health plans will not contract with me?

The TennCare Bureau's overriding concern is that the health plans meet their contractual requirements for an adequate network of providers in the West and East Grand Regions. The health plans retain flexibility as to the specific providers with which they may contract. Consequently, the Bureau refers all questions regarding provider contracting directly to the health plans.

Where can I go to find out more?

TennCare is reaching out to providers and enrollees to educate them about the transition. Updated communication regarding the transition will be available via the TennCare website: www.state.tn.us/tenncare.

We are excited about these changes and look forward to working with health care providers in West and East Tennessee as we work toward our shared goal of providing quality health care services to our members.